first began his ground-breaking work to address the unequal science and unequal treatment affecting health care for minorities and the medically underserved.

It was almost 15 years ago that Dr. Jones began planning the first Biennial Symposium on Minorities and Cancer. As a Biochemist and Professor of Experimental Gynecology and Endocrinology at the UT M.D. Anderson Cancer Center, Dr. Jones rolled up his sleeves to research why it was that minorities and the socio-economically disadvantaged were experiencing disproportionately high mortality rates from the diseases. He discovered a variety of reasons why certain communities have to bear the unequal burden of cancer, including the fact that these underserved communities are often diagnosed in later stages of the disease; are provided with only limited access to health care, and are without financial resources. Dr. Jones already understood that poor people, no matter what their ethnic background, place less emphasis on health care when having to deal with the harsh realities of poverty on a daily basis.

Dr. Jones has been on the forefront of activities to address the obstacles that ethnic minorities and medically underserved individuals face in seeking effective treatments for their illnesses. He inspires those of us in Congress to remain committed to helping our medical institutions continue their life-saving cutting-edge research.

Dr. Jones' efforts to help those with cancer in medically underserved and socioeconomically disadvantaged communities have gone beyond study and into heartfelt activism, transforming him into a leading health care advocate. He is establishing a Center of Excellence for Research on Minority Health at the University of Texas M.D. Anderson Cancer Center, and Dr. Jones co-founded the Intercultural Cancer Center (ICC), which has become the largest multicultural and multidisciplinary coalition addressing the unequal burden of cancer in minority and medically underserved areas in the United States. Leading cancer and community experts from academia, federal and state government representatives, clinicians, researchers, public health researchers, survivors and advocates hold Biennial Symposium to address cancer in minority and medically underserved communities throughout the nation. The symposia eventually grew so big that they had to move them from Houston to Washington, DC. This year's symposium, which emphasized the problem of cancer in all ethnic minority communities—African-American, Hispanic, Native-American, Alaskan native, Pacific Islander and Asian-American—attracted more than 1200 people, and marked the largest participation ever.

Mr. Speaker, Howard University Hospital could not have chosen a better candidate to honor for the Distinguished Health Care Advocate Award. Lovell Jones inspires us all to strive to truly live up to the ICC's motto of "Speaking with One Voice," because we believe that the burden of cancer rests with all of us. Throughout his career, Dr. Jones has stressed that in this country, as a united community of Americans, the working poor and minority populations should not have to suffer disproportionately.

Dr. Lovell Jones has said that it is his dream that we will finally "become a society where we will not tie people's value to their skin color and/or status in life." His hope is that one day we will address the needs of all Americans, so that our efforts to address the special needs of minorities and the medically underserved will no longer be necessary.

But until that day, we can all be grateful that we have Dr. Lovell A. Jones.

INTRODUCTION OF THE INSULIN–FREE WORLD MEDICARE PANCREAS TRANSPLANTATION COVERAGE ACT OF 2000

HON. GEORGE R. NETHERCUTT, JR.

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 18, 2000

Mr. NETHERCUTT. Mr. Speaker, I am pleased to introduce the Insulin-Free World Medicare Pancreas Transplantation Coverage Act of 2000, to provide Medicare coverage for pancreas transplants. I introduce this legislation with my colleagues Mrs. CAPPS, Mr. PORTER and Mr. LAFALCE.

On July 1, 1999, the Health Care Financing Administration (HCFA) announced that the agency would provide coverage for pancreas transplants performed in people who also require kidney transplants. However, the agency continues to deny coverage for transplants in people who have reached kidney failure. Several studies, including one published in the New England Journal of Medicine in July 1998, indicate that a pancreas transplant performed before kidney disease is significant, can eliminate the need for a kidney transplant. My legislation would reverse this shortsighted policy.

While HCFA provides coverage for segmented/split liver transplants, the agency does not provide coverage for a pancreas that is segmented/split. This position should be reversed particularly in light of the profound and well-publicized organ shortage. In practice, Medicare's existing pancreas transplant coverage policy means that a pancreas may not be divided and used for more than one person. In addition, if part of the donor pancreas is found to be damaged, Medicare would not cover transplanting the useable portion. Medicare also would not cover a transplant for a person who has been offered the ultimate gift of life of part of a pancreas from a living relative.

Pancreas transplantation represents the first significant advance toward curing diabetes since the discovery of insulin. I urge my colleague to join me in supporting this legislation designed to give years of life and health back to people with long-standing diabetes.

FLOYD D. SPENCE NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2001

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 17, 2000

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 4205) to authorize appropriations for fiscal year 2001 for military activities of the Department of Defense and for military construction, to prescribe military personnel strengths for fiscal year 2001, and for other purposes:

Ms. JACKSON-LEE of Texas. Mr. Chairman, this amendment authorizes the Department of Defense to assign members of our Armed Forces to assist the Immigration and Naturalization Service and the Customs Service in monitoring and patrolling U.S. borders. I urge my colleagues to vote against this amendment.

At the request of the Congress, the Department of Defense issued a report earlier this week on this very issue. After meeting with senior leadership of the Immigration and Naturalization Service and the U.S. Customs Service to determine a scenario where U.S. military personnel would be assigned to either agency, the report states, in the end, neither the Immigration and Naturalization Service nor the United States Customs Service could envision a scenario which would require such assignments. Instead, both agencies expected that they would use the existing system of plans and procedures to increase the level of support from DoD personnel who would report through existing military chains of command.

This is not necessary because the DoD already have plans in place detailing how DoD supports Federal law enforcement agencies during declared emergency situations. The President of the United States has the authority to declare emergencies and use military personnel to protect our borders. This is already implied in the powers of the Executive Office of the President.

We are a nation of immigrants and a nation of laws. The men and women of the U.S. Border Patrol put their lives on the line every day of their lives. The present force of 8,000 members is responsible for protecting more than 8,000 miles of international land and water boundaries, and work in the dangerous deserts of Arizona and Texas. They are empowered to do this job. We do not need Federal troops at the border just yet. I urge my colleagues to vote "no" on this amendment.

HONORING THE LATE DR. CLIFFORD H. KEENE

HON. SAM FARR

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 18, 2000

Mr. FARR of California. Mr. Speaker, today I honor a man who helped usher in the age of the health maintenance organization. Dr. Clifford H. Keene passed away at the age of 89.

Born in Buffalo, NY on January 28, 1910, Clifford later on went to earn his medical degree from the University of Michigan Medical School in 1934 and was a surgical instructor there until 1939. During World War II Clifford rose to the rank of lieutenant colonel as the surgeon and medical administrator for the 24th Corps in the Pacific Theater. His career with the Kaiser-Permanente Medical Care Program began in 1954 when industrialist Henry Kaiser asked him to join the then-struggling Kaiser